## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-16 07</u>	Address:	<u>- CR</u> 225W Dof SR120
Case #:	22 F 42414	•	<u>frement</u>
County:	Skuber		·
Operati	aboratory Scizure (check one) ional Lab cal/Glassware/Equipment (only) ite (only)	Scizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Mote!  Open – No Structure  Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents:Coloman_fact   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   Mydrochloric Acid Gas Generator(s):   Corrosive Acid:Liquidf. [2], _LiquidLiquidg   Corrosive Base:   Other (item and location):			
Yes 2 No This repor Fire Depart Health Dep	er age 18 discovered (check one) (number present) eport to Child Protective Services t is to be faxed to the following ages liment: Freman T eartment: Stanton	Ephedrin Retail/Mo Other: ncies that serve the le Fax: 260 Fax: 260	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Chtis Emerick Phone			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the ease (No. and a copy sent to the Clandestine Laboratory Team Leader for retention.